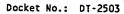
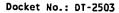
LIMENT (DECLARATION) CLAIM1 SMALL ENTITY VERIFIED ! STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN Applicant or Patentee: Frank J. Montero Serial or Patent No.: Filed or Issued: For: METHOD OF DELIVERING INFORMATION OVER A COMMUNICATION NETWORK I hereby declare that I am the owner of the small business concern identified below: [X]an official of the small business concern empowered to act on behalf of the concern identified below: NAME OF CONCERN V3 SOFTWARE DEVELOPMENT CORPORATION ADDRESS OF CONCERN 5980 Westgate Drive, Suite 203, Orlando, Florida 32835 I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR If I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified described in [ X] the specification filed herewith application Serial No. , filed Patent No. , issued If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CPR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CPR 1.9(d) or a nonprofit organization under 37 CPR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CPR 1.27) NAME ADDRESS [ ] Individual [ ] Small Business Concern [ ] Nonprofit Organization FULL NAME ADDRESS [ ] Individual [ ] Small Business Concern [ ] Nonprofit Organization I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING Anned C. Montero ITLE OF PERSON SIGNING Vice President ADDRESS OF PERSON SIGNING 5980 Westgate Drive, Suite 203, Orlando, Florida SIGNATURE

DATE



As a below named	inventor, I hereby declare	that:	
My residence, post office ad	dress and citizenship are a	as stated below next to my na	ame.
the invention entitled:	e tisted below) of the subj	ect matter which is claimed	elow) or an original, first and joint and for which a patent is sought on
METHOD OF DELIVERING IN	FORMATION OVER A COMMUNICAT	TON NETWORK	ı
the specification of which (c	heck only one item below)		
X is attached heret	•		
was filed as Unit	ed States application		
Serial No.			
on			
and was amended			i
on	·····		(if applicable).
	international application		
Number —			·
on ———————	+10.		
and was entered under P	CT Article 19		•
on			(if applicable).
I hereby state that I have reclaims, as amended by an amen	eviewed and understand the orderent referred to above.	contents of the above-identi	fied specification, including the
with Title 37, Code of Federa	al Regulations § 1.56(a).	material to the examination	of this application in accordance
the United States of America inventor's certificate or any	listed below and have also PCT international applica	ional application(s) designation(s) designation(s) designation(s) designation at least	f any foreign application(s) for ting at least one country other than n application(s) for patent or one country other than the United e that of the application(s) of
RIOR FOREIGN/PCT APPLICATION(S)	AND ANY PRIORITY CLAIMS UNI	DER 35 U.S.C. 119:	1
Country (If PCT, indicate"PCT")	Application Number	Date of Filing (day, month, year)	Priority claimed under 35 USC 119
·			yes no



I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of the application:

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Send correspondence to: CHAI IM. ESQ. ANDERSON KILL & OLIC 1251 Avenue of the A New York, New York			the Americas ork 10020-1182		Direct Telephone Calls to: (name and telephone number) (212) 278-1000				
201	Full name of inventor	Family Name MONTERO		First Given Name FRANK	,	Second given name J.		•	
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	Post Office Address	Post Office A 5980 WESTGATE SUITE 203	lddress DRIVE	City ORLANDO		State & Zip Code/Country FLORIDA 32835			
202	Full name of inventor	Family name		First given name		Second given name			
	Residence & Citizenship	City		State or Foreign Co	ountry	Country of citizenship		Íp	
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